

# Washington County

## Plan Option Pricing

Effective: July 1, 2010

*Estimated Pricing - - - Final Pricing Quoted at Renewal*

<b>PROVIDENCE HEALTH PLAN:</b>		
<i>Medical Plan: Open Panel (OP) \$250 deductible, \$10 copay, 80%/70% \$600 in-plan OOP max with custom plan features</i>		
<i>Prescription Drug Plan: Retail: \$10 generic copay/ \$20 brand copay; Mail Order: one copay for 90 days supply</i>		

#	Medical Plan Pricing: (impact to the medical portion of the rates)	% Impact	\$ Savings*
1	change to a \$15 copay	-0.5%	-\$57,299
2	change to a \$15 copay and \$1250 in-plan OOP max	-2.3%	-\$261,285
3	change to a \$15 copay and \$1500 in-plan OOP max	-2.9%	-\$332,337
4	change to a \$25 copay	-0.8%	-\$92,825
5	change to a \$25 copay and \$1250 in-plan OOP max	-3.2%	-\$362,132
6	change to a \$25 copay and \$1500 in-plan OOP max	-3.9%	-\$445,789
7	change to a \$30 copay	-1.2%	-\$134,081
8	change to a \$30 copay and \$1250 in-plan OOP max	-3.7%	-\$422,870
9	change to a \$30 copay and \$1500 in-plan OOP max	-4.4%	-\$500,797
10	change to the closest Standard Plan: Open Panel \$250 ded., \$15 copay, 80%/60% \$1700 in-plan OOP	-3.8%	-\$435,476
#	Prescription Drug Pricing: (impact to the Rx portion of the rates)		
11	change Mail Order to two copays for 90 days supply	-4.5%	-\$102,164
12	change Retail to \$15 generic copay/ \$30 brand copay	-16.8%	-\$385,240
13	change Retail to \$15 generic copay/ \$30 brand copay AND change Mail Order to two copays for 90 days	-32.6%	-\$747,292

<b>KAISER PERMANENTE:</b>		
<i>Medical Plan: \$10 copay 100% hospital \$600 OOP</i>		
<i>Prescription Drug Plan: \$10 copay - two copays for 90 days mail</i>		

#	Medical Plan Pricing: (impact to the medical portion of the rates)	% Impact	\$ Savings*
14	change to \$15 OV copay	-0.8%	-\$30,829
15	change to \$10 PCP copay/ \$15 Specialist copay	-0.3%	-\$11,561
16	change to \$10 PCP copay/ \$20 Specialist copay	-0.5%	-\$19,268
17	Add a copay to lab/x-ray (Kaiser did not define the copay amount)	-0.4%	-\$15,415
18	\$100 per day Hospital copay X 5 day max; \$1,000 OOP	-0.7%	-\$26,975
19	\$200 per day Hospital copay X 5 day max; \$1,500 OOP	-1.3%	-\$50,097
20	\$300 per day Hospital copay X 5 day max; \$2,000 OOP	-2.0%	-\$77,073
21	\$100 per admit Hospital copay; \$750 OOP	-0.2%	-\$7,707
22	\$250 per admit Hospital copay; \$1,500 OOP	-0.4%	-\$15,415
#	Prescription Drug Pricing: (impact to the Rx portion of the rates)		
23	change to \$10 generic copay/ \$15 brand copay	-1.7%	-\$7,891
24	change to \$10 generic copay/ \$20 brand copay	-2.5%	-\$11,604

\* Estimated dollar savings are based on the current 2009/2010 plan rates.